Substitute for form 1449/PTO				Complete if Known		
(Revised 07/2007)				Application Number	10/535,763	
			CTIDE	Filing Date	May 20, 2005	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				First Named Inventor	Stefan Werner	
				Art Unit	1638	
				Examiner Name	Page, Brent T.	
Sheet	1	of	1	Attorney Docket Number	049202/289226	

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Examiner Initials*	Cite No.	<u>Document Number</u> Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Documen	Pages, Columns, L Relevant Passages of I Appea	Relevant Figures	
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Examiner	/Brent Page/	Date	06/15/2010
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Signature		000000000	

<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.